

CALIFORNIA EARLY START

ANNUAL PERFORMANCE REPORT

JULY 1, 1999 ~ SEPTEMBER 30, 2000



STATE OF CALIFORNIA
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Foreword

*C*hildren are our most valuable resource. The investment we make in them today will benefit all of California tomorrow. Early intervention services make a difference in the lives of infants and toddlers from birth to 36 months of age at risk of or with developmental disabilities and their families.

Based on the needs of the child and family, early intervention services can maximize the developmental potential of infants and toddlers with disabilities within the context of their daily routines and activities. This may increase their potential to live independently and exercise their full rights as citizens. Intervention started early also can lead to higher educational achievements for a child with disabilities, as well as an enhanced quality of life.

The federal Individuals with Disabilities Education Act, Part C, and the California Early Intervention Services Act ensure that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. Meeting the complex needs of infants and toddlers at risk of developmental disability and their families involves the services and supports of multiple state and local agencies. For maximum effectiveness, these services are coordinated, flexible, culturally responsive, accessible and, most importantly, responsive to the needs of the child and family.

In California, Early Start is intended to strengthen the capability of every family with an infant or toddler at risk of developmental disability to meet the special developmental needs of their child. Family unity is promoted through early intervention services and supports that are valued by families and enrich their quality of life.

California is committed to supporting these children and families who benefit from Early Start. ?



Acknowledgements

The California Department of Developmental Services (DDS) and the Interagency Coordinating Council on Early Intervention (ICC) would like to extend their appreciation to the many people who contributed to this report. The development of the California Early Start Annual Performance Report, July 1, 1999-September 30, 2000, was a collaborative effort between DDS, lead agency for Part C, and the Departments of Education, Health Services, Social Services, Mental Health, and Alcohol and Drug Programs. Special thanks are extended to ICC committee chairpersons who represented the needs of children and families and whose committees' accomplishments are reflected in this report.

Essential to the development of this report was the staff from the Family Resource Centers Network of California, DDS liaisons who provided ongoing support to Early Start activities, and Early Start Resources staff who provided editorial and design expertise.

We would also like to acknowledge the tireless efforts of parents of children with special needs and the contributions made daily by professionals who work with infants and toddlers throughout California in various Early Start programs. It is through their daily commitment that California is able to continue providing high quality services to its most vulnerable population. ?

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Structure of Early Start in California

The Department of Developmental Services (DDS), lead agency for the Part C early intervention system in California known as Early Start is responsible for overall administration in collaboration with the California Department of Education (CDE). The State Interagency Coordinating Council on Early Intervention (ICC) provides advice and assistance to DDS regarding Early Start. In addition, the Departments of Health Services, Mental Health, Social Services, and Alcohol and Drug Programs (DHS, DMH, DSS, and ADP, respectively) provide a variety of services that benefit families and young children with special needs.

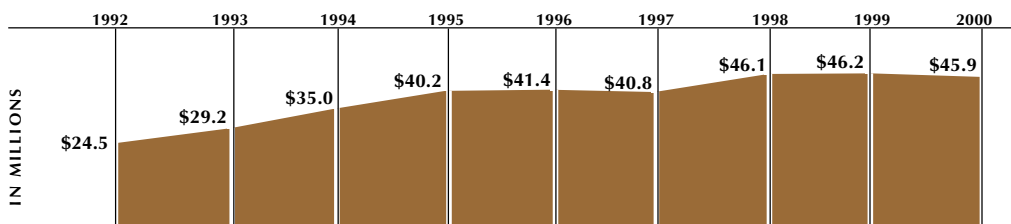
Regional centers share primary responsibility with local education agencies (LEAs) for the coordination and provision of early intervention services at the local level. These entities are also responsible for coordinating with other local agencies and organizations that may also provide services to children eligible for Early Start.

Early Start Family Resource Centers and Networks (FRCs) provide parent-to-parent support, transition assistance, and information and referral to families. The California Early Intervention Technical Assistance Network (CEITAN), a project of the WestEd Center for Prevention and Early Intervention, assists DDS in implementing the comprehensive system of personnel development (CSPD). DDS also receives assistance with public awareness and outreach activities from Early Start Resources (ESR), another project of the WestEd Center for Prevention and Early Intervention.

To supplement California's early intervention system of services, a federal Part C grant of \$46.1 million was allocated during federal fiscal year (FFY) 1998, which is accessed by California in the State fiscal year (FY) July 1, 1999-June 30, 2000. California received \$45.9 million for FY 2000-2001 (see Figure 1). Eighty-nine percent of the federal Part C funds used in FY 1999-2000 were for early intervention service provision by regional centers and LEAs, as well as for family support services provided by FRCs (see Figure 2). The balance was used for State administration and required system components. CSPD was funded at 4 percent of the federal grant and public awareness received nearly 1 percent for increased outreach to hard-to-reach populations and referral sources (see Figure 3).

FIGURE 1: PART C GRANT AWARDS TO CALIFORNIA

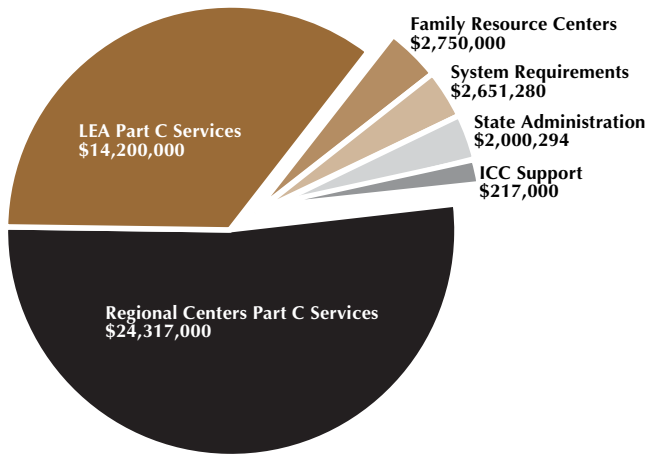
Federal Fiscal Years 1992-2000



Source: Department of Developmental Services, 2000

FIGURE 2: EARLY START FUNDING

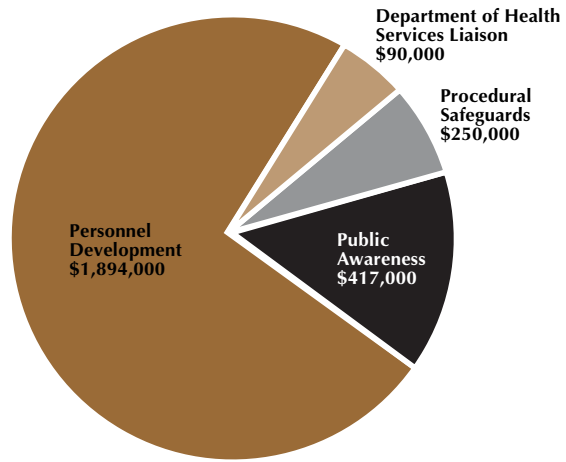
Federal Fiscal Year 1998
California Fiscal Year 1999-2000



Source: Department of Developmental Services, 2000

FIGURE 3: FUNDING FOR SYSTEM REQUIREMENTS

California Fiscal Year 1999-2000



Source: Department of Developmental Services, 2000

ELIGIBILITY

California is one of only 11 states to include infants and toddlers at risk for developmental disability in its Part C program. As such, the California Early Intervention Services Act states that infants and toddlers, from birth up to 36 months, who need early intervention services as determined through documented evaluation and assessment and who meet one of the criteria listed below, are eligible for Early Start services.



- ❑ Have a developmental delay (i.e., a significant difference between expected level of development for their age and current level of functioning) in one of five areas:
 - cognitive development
 - communication development
 - social or emotional development
 - physical and motor development, including vision and hearing
 - adaptive development
- ❑ Have established risk conditions of known etiology with a high probability of resulting in delayed development
- ❑ Are at high risk of having a substantial developmental disability due to a combination of risk factors

DEPARTMENT OF Developmental Services

DDS COORDINATES A WIDE ARRAY OF services in California for eligible infants and toddlers and their families and is responsible for the planning, development, implementation, and monitoring of the statewide early intervention system in collaboration with CDE. DDS administers all mandatory and discretion-

ary components, as well as interagency agreements with participating agencies and community-based organizations. DDS is also responsible for implementing procedural safeguards and for receiving and resolving complaints. DDS contracts with regional centers statewide that provide, purchase, or arrange for services at the local level.

The administration and tracking of federal funds is conducted by 19 full-time, federally-funded Part C positions within DDS.

Regional Centers

The 21 regional centers are the point of entry into the developmental disabilities service system that serves people of all ages. The regional centers provide intake, evaluation, and assessment to determine consumer eligibility and service needs. In regional centers, Part C funds supplement the State General Fund to meet the additional requirements resulting from federal Part C mandates.

Services provided by the regional centers are varied and are driven by the unique needs of the child and family. Early intervention services that are not available through other publicly funded agencies are generally purchased from service providers who are “vendored” by a regional center. The majority of expenditures for services are provided by infant development programs. In specific communities, some regional centers contract with an LEA’s infant-toddler program(s) to provide early intervention services. Vendored and LEA programs are family-focused and may provide services in the home, community setting, or a center. Services may include special instruction, specialized therapies, family support services, ongoing assessment, transition support, and other early intervention services, as identified in the child and family’s individualized family service plan (IFSP). Regional centers also provide service coordination, advocacy, and information referral.

FIGURE 4: EARLY INTERVENTION SERVICES PURCHASED BY REGIONAL CENTERS

Fiscal Year July 1, 1999-September 30, 2000

\$63,174,024	Infant Development Programs
\$9,494,310	Home Health Agencies
\$6,663,812	Other Services ¹
\$5,999,300	Respite
\$4,039,359	Occupational Therapy
\$2,924,296	Speech and Language Pathology
\$2,471,750	Physical Therapy
\$1,730,947	Day Care
\$1,728,496	Transportation ²
\$1,614,687	Infant Specialist/Tutor/Teacher
\$1,307,916	Nursing
\$941,394	Behavior Management Consultant

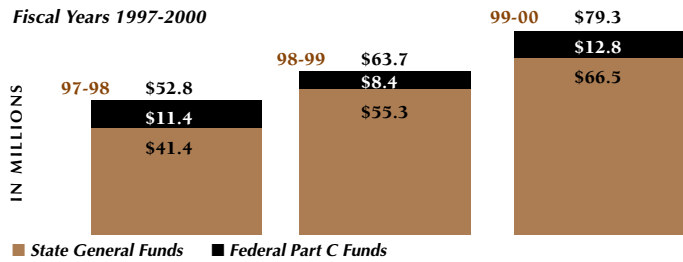
¹“Other Services” is the aggregation of expenditures for all of the other services purchased for children under the age of 3 which are not specifically identified in this graphic, such as psychology, counseling, interpreting, translating, durable medical equipment, nutritional services, pharmaceuticals, recreation services, etc.

²Transportation costs only reflect specific fee for service.

Source: Department of Developmental Services, 2000

Figure 4 shows early intervention services purchased by regional centers from July 1, 1999-September 30, 2000. Figure 5 shows the total purchase of service expenditures by regional centers and fund source since FY 1997-98.

FIGURE 5: FUNDING OF EARLY INTERVENTION SERVICES PURCHASED BY REGIONAL CENTERS*



* The total does not include the value of services obtained through other local public agencies or charities at no cost to the family or regional centers.

Source: Department of Developmental Services, 2000

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REFERRALS TO REGIONAL CENTERS FOR EARLY START SERVICES

During the reporting period, 12,683 children were referred to regional centers to determine their eligibility for Early Start services. The following represents an analysis of those referrals.

ETHNICITY

3,929	Hispanic
2,773	White
754	African American
151	Mixed
358	Asian
98	Filipino
18	Native American
15	Polynesian
397	Other
4,190	Unknown

AGE

33.19% Under Age 1	32.6% Age 1	34.21% Age 2
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GENDER

40.01% Female	59.99% Male
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SOURCE

3,352	Parent
3,307	Hospital
1,982	Physician/Health Plan
434	Child Protective Services
432	County Health Department
259	Local Education Agency
240	Private Service Agency
171	Department of Public Social Services/County Welfare
103	California Children Services
80	Child Care
47	Family Resource Center
36	Child Health and Disability Prevention
18	Maternal Child Health
8	County Mental Health
945	Other

Source: Department of Developmental Services, 2000

Early Start Family Resource Centers and Networks

DDS annually allocates \$2.75 million in Part C funding to 55 FRCs through 32 local contracts. The FRCs collaborate with local regional centers and LEAs to help parents and families access early intervention services. Many FRCs provide unique services depending on the needs of their local community. Support services are available in many languages and are culturally responsive to the needs of individual families.

Early Start FRCs:

- ? participate in community outreach activities that distribute information, encourage referrals, and assist families to access needed services;
- ? provide peer support to parents as they learn to enhance their child’s development and make informed choices, especially during transition from Part C to Part B special education preschool services;
- ? support an interagency community-based approach that underscores the family-focus priority of Early Start; and
- ? promote interagency collaboration and parent-professional partnerships.

In addition, many FRCs have newsletters, resource libraries, websites, parent and/or sibling support groups, and telephone “warmlines” or “babylines” for support, information, and referral purposes.

FIGURE 6: CHILDREN UNDER AGE 3 YEARS SERVED BY REGIONAL CENTERS

Fiscal Years 1993-2000

July 93	12,875
July 94	15,568
July 95	16,578
July 96	17,051
July 97	16,997
July 98	17,314
July 99	18,346
July 00	20,331

Source: Department of Developmental Services, 2000

FIGURE 7: CHILDREN UNDER AGE 3 YEARS BY ETHNICITY SERVED BY REGIONAL CENTERS

September 1, 2000

6,649	Hispanic
4,609	White
1,442	African American
581	Asian
552	Other
212	Mixed
178	Filipino
36	Native American
30	Polynesian
6,042	Unknown

Source: Department of Developmental Services, 2000



DURING THE REPORTING PERIOD, CDE received Part C funding to supplement current administrative responsibilities of the Special Education Division (SED), including focused monitoring and technical assistance related to federal and State mandates.

CDE also participates in the investigation of compliance complaints concerning LEAs, local dispute resolutions, program monitoring, and training and technical assistance activities. These ongoing activities are within the context of the overall responsibilities of the SED for oversight and support of early childhood special education programs for infants, toddlers, preschoolers, and their families, along with educational services to children birth to 22 years of age.

Special Education Local Plan Areas

Early childhood special education programs in California, which include early intervention services, are coordinated by 116 SELPA administrators and are provided by LEAs such as school districts and county offices of education. Under California Early Start, LEAs have primary responsibility to provide evaluation, assessment, and individually designed services for infants and toddlers with a solely low incidence disability (vision, hearing, and severe orthopedic impairments, or a combination of these disabilities).

The December 1, 2000 pupil count of the California Annual Special Education Management Information System indicated LEAs provided early intervention services to approximately 5,136 infants and toddlers with disabilities ages birth to 36 months (see Figure 8). Nearly 70 percent of these children also received services from a regional center. Figure 9 provides a breakdown of the various ethnicities served, and Figure 10 lists the disabilities of the children served by LEAs under Early Start.

FIGURE 8: CHILDREN UNDER AGE 3 YEARS SERVED BY LOCAL EDUCATION AGENCIES

1993-2000

93-94	4,905
94-95	5,199
95-96	5,120
96-97	5,129
97-98	5,074
98-99	5,096
99-00	5,136

Source: California Department of Education, 2000

FIGURE 9: CHILDREN UNDER AGE 3 BY ETHNICITY SERVED BY LOCAL EDUCATION AGENCIES

December 1, 2000

2,315	White
2,033	Hispanic
456	African American
182	Asian
96	Filipino
34	Native American
20	Pacific Islander

Source: California Department of Education, 2000

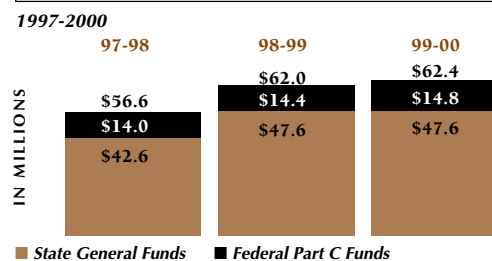
CDE allocates Part C funds to SELPAs to supplement existing fund sources in LEAs. LEAs use these funds to pay for increased costs related to implementing the additional federal requirements and procedures, adding new services for children with solely low incidence disabilities, and extending the early intervention program year to 200 days. In FY 1999-2000, LEAs received \$14.8 million in Part C funds (see Figure 11).

FIGURE 10: DISABILITIES OF CHILDREN UNDER AGE 3 YEARS SERVED BY LOCAL EDUCATION AGENCIES

1,114	Other Health Impaired
1,041	Speech or Language Impaired
928	Mentally Retarded
818	Orthopedically Impaired
388	Visually Impaired
299	Multihandicapped
213	Hard of Hearing
203	Deaf
58	Specific Learning Disability
45	Autism
14	Deaf-Blind
12	Traumatic Brain Injury
3	Emotionally Disturbed

Source: California Department of Education 2000

FIGURE 11: FUNDING OF EARLY INTERVENTION SERVICES PROVIDED BY LOCAL EDUCATION AGENCIES



Source: California Department of Education, 2000

Since 1980, California law has included a partial mandate for early education programs to serve infants and toddlers with disabilities. Under California Education Code, LEAs are mandated to continue providing early childhood special education services to the number of children they served in 1980-81, and LEAs must provide services to a number of additional children to continue to qualify for their current level of State funding.

LEAs provide special instruction, service coordination, family support services, and other early intervention services identified in the IFSP in the home, community settings, and centers. LEAs also coordinate with the local regional center and other agencies and organizations during the evaluation and assessment process and IFSP development. For children who are dually served, LEAs usually provide basic special education and related services; service coordination is provided by either the LEA or the regional center.



INTERAGENCY Partners

EARLY START INTERAGENCY PARTNERS offer a broad array of services in coordination with DDS and CDE. For example, DHS administers various programs that respond to the health and medical needs of children eligible for their programs. DMH directs and coordinates the statewide delivery of mental health

services. DSS assists individuals to prevent or remedy neglect, abuse, or exploitation of children and adults; and to provide appropriate home, community, or institutional care for those in need within the least restrictive environment possible. ADP directs and coordinates the statewide effort to prevent and reduce alcohol and drug abuse and their effects.

STATE INTERAGENCY COORDINATING COUNCIL ON Early Intervention

MEMBERS OF THE ICC ARE appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention.

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, from birth to 36 months, who have or are at risk of having a disability or delay and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

The ICC provides advice and assistance to DDS and assists the lead agency in achieving the full participation, cooperation, and coordination of state agencies. The ICC meets six times per year in different areas of the State and serves as a forum for public input on a variety of issues.

During the reporting period, the ICC continued its commitment to ensure a seamless system of delivering early intervention services. To address this commitment, the ICC:

- ✎ appointed members to serve on the Service Delivery Reform (SDR) Committee as requested by DDS;
- ✎ convened an ad hoc task force to make recommendations for service provision in natural environments; and
- ✎ provided representatives to participate on the State's Early Start monitoring teams.

The ICC approved the following as recommendations for submission to DDS:

- 1) *Position Statement on Child Care* developed by the Family Support Services Committee;
- 2) *Natural Environment Guidelines*, a technical assistance document developed by the ICC's ad hoc task force on natural environments; and
- 3) *The Role of Occupational Therapy, Physical Therapy, and Speech-Language Therapy in Early Intervention Services in California*, a technical assistance document developed by the Health Systems Committee.

Five ICC subcommittees address the needs of infants and toddlers and their families.

☐ THE COMMITTEE-OF-THE-WHOLE consists of all Governor-appointed ICC members and serves as a forum for open discussion. Following are issues discussed by this committee during the reporting period:

- ? State budget and legislation
- ? Early Start Continuous Improvement Plan
- ? local monitoring process
- ? California Children and Families Commission (Proposition 10) activities
- ? DDS Service Delivery Reform efforts
- ? strategies to ensure ongoing effective service delivery, interagency collaboration, and parent-professional partnerships
- ? service provision in natural environments

☐ THE FAMILY SUPPORT SERVICES COMMITTEE'S mission is to ensure that the priorities of families and their children remain foremost in the delivery of early intervention services. During the reporting period the committee provided input on the following issues:

- ? child care, including the Map to Inclusive Child Care Project and the development of the *Position Statement on Child Care*
- ? FRC staff competencies
- ? parent involvement in local and statewide stakeholder meetings
- ? strategies to increase parent participation and public input at ICC meetings



☐ THE PUBLIC AWARENESS COMMITTEE focuses on activities that coordinate, support, and promote California Early Start. During the reporting period the committee conducted the following activities:

- ? developed a three-year Strategic Plan for comprehensive child find and public awareness
- ? prioritized activities and target populations for outreach efforts
- ? reviewed and provided input about general awareness activities, informational materials specific to families, and dissemination strategies

☐ THE QUALITY ASSURANCE AND PERSONNEL AND PROGRAM STANDARDS COMMITTEE has the participation of parents, professional organizations, institutions of higher education, and service agencies. This committee addresses Early Start system components that ensure infants, toddlers, and their families receive quality early intervention services delivered by competent and qualified professionals. During the reporting period the committee conducted the following activities:

- ? provided advice and assistance regarding the State's Early Start monitoring process

- ❓ identified strategies to enhance the diversity of ICC community representatives, including representation from child care providers
- ❓ reviewed and provided input on Early Start mediation and due process data
- ❓ addressed the Community College Paraprofessional Preparation Project (CCPPP) to ensure integration with the recommended Early Start Personnel Model

▣ THE HEALTH SYSTEMS COMMITTEE addresses issues pertaining to health services to ensure that all children served by Early Start receive appropriate evaluations and assessments and have access to health care. During the reporting period the committee conducted the following activities:

- ❓ developed a technical assistance document entitled *The Role of Occupational Therapy, Physical Therapy, and Speech-Language Therapy in Early Intervention Services in California*
- ❓ reviewed the referral process and intervention services for children identified by the Newborn Hearing Screening Program
- ❓ discussed strategies and models to support appropriate vision evaluation and assessments
- ❓ reviewed recommendations for the screening and diagnosis of Autistic Spectrum Disorders



Innovative Models of Service Delivery

Early Start places a strong emphasis on child, parent, and family relationships, as well as the partnerships among families, professionals, and service agencies. Quality service delivery that really “makes a difference” requires coordination between the child’s family and all of the professionals involved. Early Start is making a difference by examining innovative service delivery models and providing state-of-the-art information and training opportunities. California is implementing an initiative for shifting early intervention services that are provided in centers designed to serve only children who develop atypically, to providing those services within natural environments through the child and family’s everyday routines, relationships, activities, places, and partnerships (ERRAPP).

In California, early intervention services are provided to diverse populations in a variety of geographical locations. These and other factors affect how services are delivered to infants and toddlers and their families at the local level. To address unique needs, service delivery models vary from community to community.

Agencies, programs, parents, service providers, and communities are in many different phases regarding the concepts and practices of providing services for young children and their families within natural environments. Many have made the shift, and others are on the road to change. Most rural and many urban communities have always delivered infant development services in natural environments. California is now focusing on refining how services can be delivered within ERRAPP.



DDS is providing support to local communities based on a statewide plan, which is multifaceted and intended to minimize the disruption to existing service delivery options. Support activities include the following:

- ? soliciting community input and meeting with advocacy groups
- ? earmarking \$1.4 million for regional centers to address fiscal impacts
- ? encouraging communities to develop local implementation plans
- ? providing opportunities for ongoing dialogue at state, regional, and local levels
- ? updating Early Start Institute curricula to ensure that ERRAPP concepts and practices are included
- ? organizing multiple training opportunities for local education agencies, regional centers, and service providers
- ? allocating Early Start scholarship funds for training events on natural environments.
- ? establishing a clearinghouse of state-of-the-art information
- ? encouraging technical assistance from DDS liaisons and CDE consultants
- ? updating public service announcements (PSAs) and other outreach brochures, booklets, and fact sheets to reflect the provision of services in ERRAPP

Following are plans for continuous improvement:

- ? adapting the training curriculum for service coordinators
- ? developing peer mentoring options
- ? providing additional training forums



Early Start Activities and Accomplishments

Monitoring

Office of Special Education Programs (OSEP) Monitoring

The findings of a June 1998 focused monitoring of California Early Start conducted by OSEP were released to DDS on July 14, 1999. The final OSEP monitoring report identified two commendable DDS initiatives and five findings of noncompliance with federal law that needed improvement.

OSEP commended DDS for establishing a system of family support services that “promotes continuous family-centered services and is effective in grass-roots child find and referral activities.” OSEP also acknowledged DDS for local and statewide outreach efforts to linguistically and culturally diverse families through multilingual public awareness materials.

DDS prepared a Continuous Improvement Plan in August 1999 that responded to the five areas of noncompliance, which concerned multidisciplinary evaluation and assessments to determine eligibility within the 45-day timeline; required content in IFSPs; party responsible for determining necessary services; delay in services; and monitoring to ensure that all Part C service providers were in compliance.

The plan cited several actions taken since the June 1998 exit interview, such as enactment of Early Start regulations, training of more than 1,200 people in multidisciplinary team processes, restructuring of program evaluation and monitoring, and the development of a systematic process of tracking complaints and providing follow-up.

OSEP approved California’s Early Start Continuous Improvement Plan in March 2000. The plan included commitments to provide documentation demonstrating that OSEP’s findings had been addressed. DDS submitted the verification materials in July 2000, which included record reviews and follow-up plans; training and technical assistance information; monitoring reports; IFSP format reviews; and policy and procedure reviews.

Regional Center Monitoring

During the reporting period the following five regional centers were monitored for compliance with Early Start requirements. Monitoring teams included DDS and CDE liaisons, parents, regional center staff, and an ICC representative.

- ❑ Far Northern Regional Center, September 1999
- ❑ Frank D. Lanterman Regional Center, October 1999
- ❑ San Diego Regional Center, February 2000
- ❑ Harbor Regional Center, March 2000
- ❑ Valley Mountain Regional Center, May 2000



Technical Assistance

DDS Regional Liaisons

The Early Start Local Support Section (formerly the Community Program Section) of DDS has designated liaisons to regional centers, family resource centers, and other local early intervention programs. DDS provides technical assistance through site visits and quarterly record reviews, and by conducting or participating in on-site training and consultation. Areas of technical assistance included development of local interagency agreements, evaluation and assessment, multidisciplinary IFSP development, resource development, and system collaboration. Liaisons also responded to specific requests for information and assistance.

CDE Consultants

Special Education Consultants from CDE participated in program monitoring and training and technical assistance activities in collaboration with DDS liaisons. These activities provided oversight and support to early childhood special education programs for infants, toddlers, preschoolers, and their families, along with educational services to children birth to 22 years of age.

Natural Environments

Promising practices were identified for assessing children's daily routines and environments to determine how to optimally provide appropriate services. DDS developed a statewide plan to support local community efforts as they addressed the natural environments requirements. The ICC also developed recommendations regarding service provision in natural environments that were used as technical assistance materials in numerous local training events and as part of a widely disseminated package of technical assistance materials.

Supporting Early Education Delivery Systems (SEEDS)

The SEEDS Project, contracted by CDE through the Sacramento County Office of Education, responded via their network of core and specialized consultants and visitation sites to more than 132 requests (1,347 participants) for technical assistance requested by early childhood education agencies. Visitation sites include infant and preschool programs funded by CDE or vendored through the regional center system. CDE and SEEDS staff also supported DDS in Early Start monitoring. SEEDS encourages LEAs to include families, regional center staff, FRCs, and vendored programs in trainings.

Special Education Early Childhood Administrators Project (SEECAP)

This project is contracted by the CDE Special Education Division through the San Diego County Office of Education. SEECAP provided training to nearly 600 parent and professional leaders during Symposia 2000. Training was offered on 10 early intervention topics related to compliance and quality practices, and two intensive sessions addressed building leadership skills.

Comprehensive System of Personnel Development

Early Start's CSPD provides the framework for coordinating the delivery of personnel development activities throughout California. Elements of the Early Start CSPD include:

- ? Preservice preparation
- ? Inservice training
- ? Technical assistance
- ? Training needs assessment
- ? Service provider recruitment and retention
- ? Evaluation

The Early Start State Services Section (formerly the Early Start Administration Section) of DDS oversees the Early Start CSPD. DDS contracts with CEITAN, a project of the WestEd Center for Prevention and Early Intervention, to support the implementation of the CSPD. Following are statewide activities that provided training, technical assistance, family education resources, and program and staff development for various aspects of Early Start.

- **EARLY START STATEWIDE INSTITUTES:** These Institutes support the development of early intervention competencies in professional staff in five core content areas, two of which address service coordination. More than 1,000 Early Start personnel were trained during the reporting period.
- **SPECIAL TOPIC TRAININGS:** More than 100 regional center representatives received state-of-the-art training on special topics related to Early Start and the delivery of early intervention services. Two forums, one in July 1999 and the other in February 2000, were held on "Early Start Evaluation and Assessment." Panel presentations were conducted on the requirements of the law; evaluation and assessment for services; and the required components of IFSP development.



An additional forum, “Providing Services in Natural Environments,” addressed early intervention and relationship-based services in natural environments. Keynote speaker Jacquelyn Twining-Martin of the U.S. Department of Education, OSEP, discussed implementing early intervention services in natural environments from a federal perspective. Larry Edelman, Senior Instructor in the Department of Pediatrics at the University of Colorado, Health Sciences Center, and Director of Community Outreach for JFK Partners, also participated in the forum. With his support, California has developed innovative models of service delivery within a child and family’s everyday routines, relationships, activities, places, and partnerships.

- ▣ ANNUAL FAMILY RESOURCE CENTERS AND NETWORKS CONFERENCE: This conference, held February 2000 for 170 participants, was sponsored by DDS in partnership with the Family Resource Centers Network of California. The annual event is dedicated to providing information and networking opportunities for FRC staff and families who provide parent-to-parent support.
- ▣ EARLY START PERSONNEL DEVELOPMENT SCHOLARSHIP FUND: This fund provides financial assistance for early intervention personnel development. During the reporting period, 609 awards were given for conference attendance; 47 for college coursework; 9 for start-up grants; and 25 for local training events. During the reporting period, more than 4,000 people accessed assistance from the scholarship fund.
- ▣ COMMUNITY COLLEGE PARAPROFESSIONAL PREPARATION PROJECT: This project works with a network of 20 California community colleges to infuse a comprehensive curriculum for persons interested in working with infants, toddlers, and young children with disabilities into existing child development programs. Major activities during the reporting period include:
 - ? development of the Mentor Network Model
 - ? development of a training manual for mentor pilot sites
 - ? implementation and training of mentors

- ▣ **EARLY START CONSULTANT NETWORK:** The Network consists of statewide consultants with early intervention knowledge and expertise who provide technical assistance in CSPD product development, the site monitoring process, and other State priority projects. The Consultant Network was instrumental in the development of the *Early Start Service Coordinator's Handbook*.
- ▣ **SUPPORTIVE SUPERVISION AND MENTORSHIP:** This project was initiated to explore supervision models that support personnel development. A resource binder was developed during the reporting period to assist agencies and programs in identifying mentoring and supervision models compatible with their programs.

Dispute Resolution

In Early Start, parents have rights and protections to resolve disagreements related to services or allegations that federal or State statutes or regulations have been violated. Two separate processes deal with such issues.

- ▣ **COMPLIANCE COMPLAINT:** This process is used to investigate and resolve alleged violations of statutes or regulations by DDS, CDE, a regional center, LEA, or any service provider receiving Part C funds. Anyone may file a complaint. On June 1, 2000, the responsibility for investigating and rendering final decisions on all complaints was transferred from the Early Start State Services Section of DDS to the Office of Human Rights and Advocacy Services, a division of the DDS Director's Office. This action was in response to concerns raised by stakeholders that an independent party complete the investigation and decisions for Early Start complaints.

During the reporting period, 24 complaints were filed.

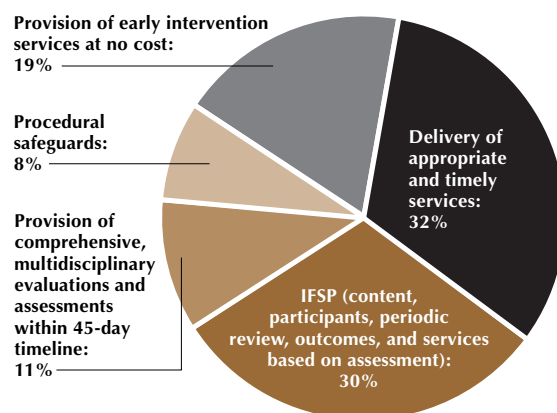
FIGURE 12: RESOLUTION OF COMPLAINTS	
2	In compliance
17	Out of compliance
4	Withdrawn
1	Resolved via Mediation and Due Process

Source: Department of Developmental Services, 2000

Agencies found not in compliance participate in the development of a plan of corrective action and receive training and technical assistance from a DDS liaison during implementation. DDS liaisons continue to provide monitoring and assistance.

An analysis of the data indicates that the percentage of complaints that alleged violations related to evaluation, assessment, and the 45-day timeline decreased 29 percent from the previous reporting period. However, an 8 percent increase was found in complaints alleging violation of procedural safeguards. The percentage of other issues remained similar to the previous reporting period.

FIGURE 13: ISSUES FILED IN COMPLIANCE COMPLAINTS



Source: Department of Developmental Services, 2000



MEDIATION AND DUE PROCESS HEARINGS: This process is used to resolve disagreements between families and a regional center or LEA related to a proposal or refusal for identification, evaluation, assessment, placement, or services regarding an individual child. A parent, legal guardian, or authorized representative may file a request. The Office of Administrative Hearings, under contract with DDS, conducts mediation conferences and due process hearings.

Requests filed for mediation and due process hearings totaled 137 during the reporting period. The majority, 133, involved regional centers. Almost 65 percent were withdrawn or dismissed, usually as a result of informal resolution at the local level.

This information is used by DDS to identify trends in issues and to determine if specific training and/or technical assistance is needed.

FIGURE 14: RESULTS OF MEDIATION

14	Settled in Mediation
76	Dismissed or Withdrawn
12	Granted
6	Partially Granted
9	Denied
20	Pending Decision

Source: Department of Developmental Services, 2000

FIGURE 15: ISSUES RAISED MOST FREQUENTLY

Top 10 listed in order of highest to lowest frequency

31	Reimbursement
25	Behavior Services (including autism-related services)
23	Speech/Language Services
21	Other
19	Eligibility under Age 3
19	Respite
19	Level of Service (frequency or intensity)
15	Assessment
12	Service Provider (choice)
12	Physical/Occupational Therapy
11	Appropriate Services

Source: Department of Developmental Services, 2000

Child Find and Public Awareness

California Early Start Child Find and Public Awareness Campaign

The purpose of this campaign is to develop and implement activities, products, and strategies to promote statewide and local child find efforts. The statewide campaign is directed by the DDS Early Start State Services Section and is supported by Early Start Resources through a contract with the WestEd Center for Prevention and Early Intervention. More than 282,000 Early Start public awareness materials were disseminated to early intervention service providers, families, and targeted outreach populations in a concerted effort to improve child find across the state.

EARLY START RESOURCES: This project provided resources and technical assistance to nearly 4,000 people during the reporting period. More than 800 Early Start Library items were disseminated along with 600 copies of the updated Early Start Library Catalog and approximately 2,150 topical bibliographies. A total of 37 local training workshops and conferences were provided with resources.

OSEP commended DDS for its Early Start outreach efforts to culturally and linguistically diverse families through the provision of state and local multilingual public awareness materials. The *Family Introduction to California Early Start* brochure was previously translated to Spanish and during the reporting period, it was translated to improve outreach to Mandarin- and Cantonese-speaking families and redesigned to target Native American families.

The Early Start State Services Section of DDS, through a contract with Early Start Resources, disseminates *Early Start Connections*, a statewide newsletter featuring information related to Early Start, best practices information for service providers, and updates on Early Start's interagency partners. Additionally, the *California Early Start Central Directory of Early Intervention Resources* is updated annually and disseminated to 8,000 people, agencies, and organizations in the Early Start community.

BABYLINE: DDS maintains a toll-free telephone information line. During the reporting period, a total of 4,544 inquiries were received through the Children and Family Services Branch (formerly the Prevention and Children Services Branch) BabyLine Router System. Of this total, 3,994 were requests for information about Early Start or referral information, and 550 were requests for materials.

READY TO LEARN: KVIE, a northern California Public Broadcasting Station serving Chico to Merced, contracted with DDS to help promote Early Start in its "Ready to Learn" outreach campaign. The campaign offered high quality programming and training to parents, caregivers, and teachers. Early Start information was shared at training sessions and the Early Start logo appeared on "Ready to Learn" materials. In addition, the Early Start PSA was aired nearly 400 times during the reporting period.



Family Support

■ SUPPORTING FAMILIES: FAMILY RESOURCE CENTERS AND NETWORKS SECOND ANNUAL CONFERENCE: To promote quality parent-to-parent and family support services that are delivered by qualified staff, DDS sponsors an annual conference for FRC staff. This conference is dedicated to providing a range of new ideas, strategies, supports, and networking opportunities for families and support staff. Nearly 250 participants attended and celebrated Governor Davis' proclamation of Early Start Month and recognition of FRC's central role in California Early Start.

Interagency Coordination

California Department of Education

During the reporting period, CDE continued to collaborate with the lead agency through a variety of activities. Sponsorship continued for several conferences, workshops, and regional meetings pertaining to the birth-to-3-year population and the personnel who work with them. Additionally, CDE participated in DDS monitoring reviews of regional center catchment areas and agency representatives accompanied DDS in targeted technical assistance. The Special Education Division focused its consultant activities to address and monitor all education programs for children birth to 22 years.

In July 2000, DDS updated the Early Start Interagency Agreement between DDS, Community Services and Support Division, and the CDE, Special Education Division, that was first signed in 1993. The purpose of the agreement is to describe selected policies and procedures relating to the Early Start service delivery system. The Agreement also defines financial responsibilities as well as procedures for resolving disputes and ensuring coordination of transition. As a result of the joint efforts of DDS and CDE, compliance with all statutes and regulations related to the delivery of early intervention services is assured.

Department of Health Services

DHS provided staff support to the ICC Health Systems Committee (HSC) through an interagency agreement with DDS. DHS also supports the participation of a Children's Medical Services (CMS) physician on the ICC Committee-of-the-Whole and on the HSC, as well as a Health Program Manager in collaborative activities with DDS and CDE regarding the implementation of the California Newborn Hearing Screening Program (NHSP).

During the reporting period, CMS

- ? presented to the ICC on CMS programs including the new Medically Vulnerable Infant Program that serves infants and toddlers who are high risk because of perinatal and/or neonatal problems
- ? contributed extensive input to the HSC white paper, *The Role of Occupational Therapy, Physical Therapy, and Speech-Language Therapy in Early Intervention Services in California*
- ? represented the Early Start perspective in program and policy development activities of the CMS Branch, as well as to local and State DHS programs
- ? provided a medical perspective for topics such as autism and vision screening
- ? disseminated the *Central Directory of Early Intervention Resources* to various DHS programs
- ? participated in the ICC strategic planning meeting
- ? provided representation at Map to Inclusive Child Care meetings
- ? solicited input from ICC family members for the Title V (Maternal and Child Health Bureau) Block Grant needs assessment for Fund Years 2000-2005
- ? supported the CDE/DDS implementation of a referral system to Early Start for infants identified with a hearing loss
- ? participated in ICC workgroup meetings and DDS presentations regarding natural environments
- ? collaborated with the University of Southern California on medical home issues and approaches to service provision

The CMS Branch also convened regional workshops focused on the provision of family-centered service delivery for children with special health care needs, participated in numerous Early Start-related conferences and events, presented to the Association of Regional Center Agencies (ARCA) regarding the NHSP and the role of the Hearing Coordination Centers, and included Early Start professionals from regional centers, LEAs, DDS, and CDE on the California Newborn Hearing Screening Program Advisory Group.

Department of Social Services

DSS had a representative on the ICC who co-chaired the Family Support Services Committee and continued to promote an agenda to improve outcomes for children and families in the child welfare system. DSS has recently:

- ? established the Child Welfare Services Stakeholders Group to plan a reform effort for the child welfare system. This reform will include a comprehensive continuum of integrated services from early intervention through court-ordered services.



- ? entered into an interagency agreement with DHS to create the Health Care Program for Children in Foster Care. The program is designed to provide public health nurses in county departments of social services and probation to serve as resources to ensure that foster children and youth receive appropriate and needed medical, mental/behavioral, and dental health care services.

DSS programs that promote family-centered services to serve vulnerable children include the following:

- ? California Safe and Healthy Families Home visiting program
- ? Family Conferencing for overburdened families
- ? Kinship Support Services Program, which focuses on supporting relatives to be successful in their roles as caregivers and currently operates in 11 counties
- ? Wraparound Process for those children and families with the most complex and enduring needs

Additionally, DSS established the Resource Center for Family-Focused Practice at the University of California, Davis, to promote family-centered practice in education, child welfare, mental health, and juvenile justice through collaboration, training, and research.

Department of Alcohol and Drug Programs

ADP continued to provide information on early intervention to perinatal providers and discussed the availability of early intervention services for interested providers. An ADP representative to the ICC served on the Health Systems and Public Awareness Committees. ADP providers educated women receiving substance abuse treatment about available services and how to access these services early.

ADP's Office of Perinatal Substance Abuse oversees the State's Perinatal Services Network, which is made up of approximately 250 perinatal treatment programs, serving more than 12,000 pregnant and parenting women and 18,400 of their children each year. This network provided a comprehensive continuum of perinatal services based upon the individual needs of the clients and their children.

Most perinatal programs have child development components, which include:

- ? working with mother-child dyads;
- ? performing developmental assessments; and
- ? providing therapeutic child care, age-appropriate activities, child development groups, and parent education and support groups.

Case managers also conducted a variety of developmental screenings; provided linkages to specialized health care, local public health agencies, regional centers, family resource centers, and other agencies; and ensured that children received developmental follow-ups when appropriate. In many programs, staff training was provided on high-risk follow-up, case management, and early intervention.

Department of Mental Health

DMH is in the process of expanding services in County Mental Health Systems of Care to include service to children younger than age 5 and their families. This expansion is based on new knowledge about the importance of early parent/caregiver relationships with infants and toddlers in forming healthy relationships and helping children to develop strong and resilient self-regulation. The Systems of Care model emphasizes family-centered, multidisciplinary, culturally competent approaches to helping mental health clients toward recovery and optimum personal growth. In this spirit, early intervention and other interventions that work with the child within the context of the family are recognized to be important, as these may reduce the severity of symptoms.

During the reporting period DMH:

- ? sponsored community forums focused on staff development and increasing the number of mental health specialists providing infant-family mental health services in a variety of clinical, community, and home settings
- ? trained more than 2,000 individuals via four large scale institutes addressing infant-family mental health
- ? collaborated with pilot projects in Sacramento, Fresno, Alameda, and Los Angeles counties to support activities to implement training, supervision, and services
- ? provided training, technical assistance, consultation, resources, and support to each pilot project
- ? provided staff support to the ICC Health Services Committee



Collaborative Projects with Interagency Partners

- ▣ INFANT-FAMILY MENTAL HEALTH INITIATIVE (IFMHI): This project was funded by DMH in coordination with the WestEd Center for Prevention and Early Intervention, county departments of mental health, and pilot communities. The Initiative sought to build capacity in the mental health system to provide relationship-based services that improve the emotional well-being of very young children and their families. Major activities during the reporting period include:

 - ❑ development of a booklet entitled *Relationship-Based Support Services for Babies with Special Needs and Their Parents*
 - ❑ provision of support, training, technical assistance, materials, and other resources to participating counties
 - ❑ assistance in coordinating the statewide effort for personnel and program development
- ▣ EARLY INTERVENTION DISTANCE LEARNING PROJECT: California State University, Sacramento, California State University, Northridge, and San Diego State University, in collaboration with DDS, received a five-year grant from the U.S. Department of Education, Office of Special Education and Rehabilitative Services, in partnership with Early Start CSPD, to provide early intervention training using a variety of distance learning formats. The coursework is aligned to the ICC recommended early intervention competencies and the proposed Early Start Personnel Model.
- ▣ CALIFORNIA NEWBORN HEARING SCREENING PROGRAM: In collaboration with DDS, the CMS Branch of DHS implemented a statewide comprehensive Newborn Hearing Screening Program. The goal of this program is to identify babies with hearing loss and link them with services by six months of age. Families of infants delivered at California Children Services (CCS)-approved hospitals certified by DHS have the opportunity to have their baby's hearing screened. Access to rescreening, diagnostic evaluation, and treatment is also available. Infants identified with a hearing loss are linked to early intervention services through an established Early Start referral system.

- **MAP TO INCLUSIVE CHILD CARE:** This project, jointly funded during the reporting period by the CDE Child Development Division (CDD) and DDS, is part of an initiative to create a statewide system of support, training, and resources that allows families barrier-free access to child care. The project was contracted with the Child Care Health Program. During the reporting period:
 - ? The Map to Inclusive Child Care Survey in California Survey was distributed and completed by 652 provider/professional respondents and more than 400 families. A report of findings was developed and submitted to CDD
 - ? “Models of Inclusion” and technical assistance sites were identified statewide

Policy and Procedural Development

Service Delivery Reform

In 1998, DDS, in partnership with its stakeholders, including infant development programs, began a comprehensive review of the community-based service delivery system. The goals of the review were to identify how services in the community could better support the desired outcomes of Californians with developmental disabilities and their family members; to propose a way to effectively link funding for services to real improvement in the lives of people with developmental disabilities of all ages and their families; and to develop a method of compensating providers to ensure qualified professionals.

The Early Start Service Delivery Reform Workgroup proposed personal outcomes for infants and toddlers and their families and proposed service standards to enhance early intervention programs. In July 2000, the workgroups were reconfigured to represent elements of the service model rather than service delivery types. Representatives from Early Start joined with representatives from other community-based service programs to form the SDR Committee. This Committee, consisting of consumers, family members, service providers, regional center staff, and others, developed recommendations for reform. These included the development of a quality enhancement system and the establishment of statewide service standards. Performance measurement tools were developed to measure the effectiveness of the service delivery system in the achievement of personal outcomes. A personnel model also was created to ensure that direct support staff possess the necessary competencies to help people with developmental disabilities attain their personal goals.

The proposed Early Start Personnel Model was used as the basis for development of a proposed multiple pathway personnel model for direct support personnel in California’s community-based service delivery system that includes early intervention services. The personnel authorization process will be developed within future service delivery reform activities. The SDR Committee, in partnership with DDS, will prepare a report regarding recommendations for systems change and their implementation.



Early Intervention Personnel Standards

In California, early intervention services are provided by early interventionists and specialists, as well as paraprofessionals, from a variety of disciplines through multiple agencies. Early intervention services may be provided by an LEA, a vendored program or a person that contracts with a regional center, another agency, or a combination of these. California assures that personnel who provide Early Start services are appropriately and adequately trained according to standards based on the highest requirements in the state. Early intervention personnel may be certificated, registered, licensed, or credentialed by their professional organization or under contract pursuant to applicable State regulations.

The proposed Early Start Personnel Model, approved conceptually by the ICC in March 1999, has been incorporated into California's service delivery reform efforts. The intent of the Early Start Personnel Model was to provide a system that allowed personnel to be recognized as qualified to provide service to infants and toddlers and their families throughout California based on comparable early intervention competencies. The "multiple pathways" model would apply to personnel with varying levels of experience, from paraprofessionals to experienced practitioners, and includes a "Practitioner Pathway," the "Non-Early Intervention Academic Pathway," and the "Early Intervention Academic Pathway."

The Early Childhood Special Education credential authorized by the Commission on Teacher Credentialing (CTC) has been offered since July 1999. CTC also revised its Child Development Permit matrix for the various levels of child development personnel to address inclusion of children with special needs and diversity.

The Community College Paraprofessional Preparation Project, a special project under the Early Start CSPD, is implementing training programs for early intervention paraprofessionals in 20 California community colleges. The early intervention competencies for paraprofessionals found in the proposed Early Start Personnel Model are infused into core early childhood classes. Partnering colleges are developing certificate programs for early intervention assistants.



Future Steps

During the past year, DDS has continued to provide leadership and collaboration in the administration of California Early Start under Part C of the Individuals with Disabilities Education Act. Early Start reflects the collaborative efforts of parents, early intervention professionals, and State agency partners to enhance early intervention services for infants and toddlers at risk of or with developmental disabilities and their families. These partnerships are the strength of California's early intervention service system.

The advice and assistance given to DDS by the ICC has been invaluable in addressing the diverse needs and concerns related to our youngest and most vulnerable Californians. The ICC and the work of its committees has helped to make California a nationally recognized leader in early intervention.

FRCs are vital partners in Early Start. Through the dedication of parents and professionals, California is one of the few states with a structured, statewide system of family support services. Each FRC is unique, reflecting the needs of the families in their community and maintaining the crucial link to resources and supports for families.

Together with our partners, we have made many significant accomplishments during the reporting period. While there is much to be proud of, we must not grow complacent. Our system is one that believes in continuous quality enhancement and this will be demonstrated in California's Early Start Continuous Improvement Plan.

DDS is committed to addressing the challenges to ensure full access to quality early intervention services. Our work as a system must support early intervention providers with comprehensive training and technical assistance to expand innovative service delivery models in natural environments. We must continue to build capacity to serve infants and toddlers and their families with cultural competence and appropriately trained and qualified support staff. Additional work remains in outreach to potential referral sources such as child care providers, foster care providers, and other hard-to-reach populations. DDS will continue to provide the leadership and vision to make the challenges of today the successes of tomorrow. ?

JULIE A. JACKSON

*Deputy Director
Community Services and Support Division
Department of Developmental Services*

This Performance Report provides an overview with information on services and activities of California Early Start during a 15-month period (July 1, 1999 through September 30, 2000). During the reporting period, Early Start served more than 30,000 infants and toddlers and has served hundreds of thousands of infants, toddlers, and their families since the program's inception under the California Early Intervention Services Act (October 1993). There has been a strong emphasis on outreach to address the needs of California's diverse population. The early identification of infants and toddlers, who have developmental delay and those at risk for developmental disabilities, and the prompt delivery of services have resulted in positive changes for families and improved outcomes for many young children. Members of the ICC have appreciated the opportunity to serve in our important role of advising and assisting the Part C lead agency, DDS, to ensure that programs are effective and that infants and their families are served as provided in state and federal law and regulations.

Members of the ICC and community representatives met eight times at locations throughout California to obtain input and to share information about services and needs. Thousands of volunteer hours have been given by parents, service providers, advocates, and state agency representatives to ensure that California Early Start is responsive to families' needs. Highlights of the activities of the ICC committees are found in this report. An ICC task force provided recommendations and guidelines for service delivery in natural environments. The Natural Environment Guidelines, a technical assistance document developed by the Task Force, was approved and submitted to the lead agency. ICC members and community representatives participated in site monitoring review teams and served on numerous statewide committees and task forces.

The ICC has acted on specific recommendations from the ICC committees to address important issues affecting the delivery of services and supports for infants and families. Discussion about service provision in natural environments continued to dominate the Early Start community, as California actively promoted the provision of early intervention services within natural environments that are based on the child and family's everyday routines, relationships, activities, places, and partnerships (ERRAPP). The Committee of the Whole continued to study and explore possible solutions to barriers in accessing quality child care and coordinating services for children who are in foster care. Participation in statewide workgroups, established to address the delivery of Early Start services, has resulted in personal outcome measurements, service standards, and a personnel model that will address the needs of infants and

toddlers and enhance early intervention programs. The ICC also assisted in developing California's Continuous Improvement Plan, submitted by the lead agency to the U.S. Department of Education, Office of Special Education Programs, in August 1999, and supported the enactment of regulations that will ensure compliance with federal and state program requirements.

Members of the ICC look forward to working with our partners to improve the Early Start system. Building on our positive working partnership with parents, professionals and others who are interested in the well-being of children, we have met and overcome many challenges during the past 15 months. We look forward with optimism and the opportunities to provide effective services for California's most valuable resource — our children. ?

The Special Education Division has undergone significant reorganization by increasing the number of Focused Monitoring and Technical Assistance Units from three to five. These unit increases, together with the addition of a Procedural Safeguards Unit to support Division complaints management and mediation, now provide the tools essential for effective statewide compliance monitoring. This commitment was evidenced in the participation of Division staff in all DDS monitoring and review obligations during the past 15 months. All of these activities correlate with the 1999 dissemination of the federal IDEA regulations and subsequent updates to California laws.

In January and February of 2000, CDE regional field meetings were held that included workshops on early childhood special education issues. Early Childhood Special Education Workshops were presented on the topics of natural environments and family-centered assessments with more than 200 participants. SEEDS and Connections consultants provided the training.

Another major achievement has been the development of the interagency agreement between CDE and DDS. This document ensures state-level agreements and understanding of applicable local agency goals and services for eligible children and their families. This document will be reviewed annually by the agencies involved. An outgrowth of the agreement has been a highly successful series of interagency field workshops for LEAs and county departments. Working together, we will continue to promote significant improvements and student success for all of California's more than 650,000 children eligible for special education, their parents, teachers, and communities.

The July 1999 through September 2000 reporting period was most eventful beginning with the Department's publishing of several new documents including:

Handbook on Administration of Early Childhood Special Education Programs

Handbook on Assessment and Evaluation of Early Childhood Education Programs

Handbook on Family Involvement in Early Childhood Special Education Programs ?

Chair, Family Resource Centers Network of California

The Family Resource Centers Network of California (FRCN of CA) continues its unyielding mission of enhancing the quality of services and supports to assist families participating in California Early Start. More than ever before, families report that early intervention, including parent-to-parent information and support, provides direct and immediate benefits at what is often a time when the family is most fragile.

Additionally, families report that FRCs impart hope for the future through a model of trained parents offering reliable, responsive, and positive support. FRC services provide a foundation of respect that families receive for a lifetime. Just as we envision our children reaching beyond what is expected of them in the future, the expectations inherent in Early Start continue to be raised and met.

One of California's unique strengths is its cultural diversity. The wealth of languages provides many challenges. Yet, local FRCs successfully share resources with the FRCN of CA to ensure that we are enhancing our ability to respectfully serve every family regardless of culture and language. The "culture of systems" within our state creates a growing need for FRCs to help families "find the questions to ask to get the answers they need." FRCs understand the "language of systems" and help families navigate those systems everyday.

The Second Annual Family Resource Centers and Networks Conference presented a keynote inspirational address by James May of the National Fathers Network on the importance of fathers in the family. Polly Arango of Family Voices provided valuable information on the needs of families who have children with special health care concerns and the efforts by Family Voices to address these critical needs. The FRCN of CA First Annual Family Award was presented to the Landry family for their unyielding commitment to children with special needs and their families.

The California Family Voices Planning Collaborative of 13 FRCs continued its commitment to bring necessary information related to special health care needs into the statewide Network structure. The unique strengths and needs of California's system to serve and support families create an imperative to partnerships and collaboratives such as the statewide Family Voices planning team.

With the assistance of the California Children and Families Commission, many FRCs began planning within their local communities to ensure that increased resources allocated especially for children birth to 5 years included children with special needs. This growing community awareness of the importance of each child's early years is forging new, stronger, and more inclusive partnerships. With Early Start as a model, keeping each child and family first, we can look ahead with experience and promise.

I am honored to have this opportunity to applaud our statewide structure of family resource centers, their resilience, creativity, fortitude, and passion, and I embrace our partners who support us in supporting families. ?

STATE ICC MEMBERSHIP 1999 - 2000

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Director, Department of Social Services

STEPHEN MAYBERG, Ph.D.
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* Parent

The State ICC understands that Part 303 of the Education Department General Administrative Regulations (EDGAR) require that the lead agency prepare an Annual Performance Report containing information about activities and accomplishments of the 15-month grant period, as well as how funds were spent.

I certify that the ICC has reviewed the information in the State's Annual Performance Report for FFY 1998 (July 1, 1999 through September 30, 2000) and concur that the content is accurate and complete.



RAYMOND M. PETERSON, M.D.

Chair, State Interagency Coordinating Council on Early Intervention